

EXHIBIT A

<input type="checkbox"/> IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT <input type="checkbox"/> OTHER PANEL (Specify below)					
IN THE CASE OF		FOR			LOCATION NUMBER
V.S. _____		AT	DEC 2 2008		_____
PERSON REPRESENTED (Show your full name) Olivia Jeanne Bowen					
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor					
U.S. DISTRICT COURT FILED SEP 1 2008 S. D. OF N.Y. 9/1/08					
1 <input type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other					
DOCKET NUMBERS Magistrate 07M1011 District Court Court of Appeals					
EMPLOYMENT ASSETS	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ 0 IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes No If YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____				
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No RECEIVED 3000 SOURCES Marked in IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES. \$ _____			
CASH PROPERTY		Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ 100 Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE 2000 DESCRIPTION 1999 Chevrolet			
	OBLIGATIONS & DEBTS	DEPENDENTS MARITAL STATUS Total No. of Dependents List persons you actually support and your relationship to them			
DEBTS & MONTHLY BILLS APARTMENT OR HOME: Creditors Total Debt Monthly Payment LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.					

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

9/14/07
Jeanne Bowen